

Please Stand By

You will hear silence until the
presentation begins

The HIV/STD/TB/Hepatitis Program and Dakotas AIDS Education and Training Center (DAETC) conduct Lunch and Learn Webinars for health care professionals in North and South Dakota.

Each month a new topic will be held from 12:00 p.m. to 1:00 p.m. CST on the **fourth Wednesday of the month** (with the exception of holidays).

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Working with our Challenging Patients

MT WEST AETC

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Disclosures

There are no conflicts of interest or relationships to disclose.

This presentation is intended for educational use only, and does not in any way constitute medical consultation or advice related to any specific patient.

Learning Objectives

- Understand how substance use can be related to trauma
- Describe a current evidence based practice that helps screen & refer patients with substance use problems
- Review the use of culturally competent communication to improve our interactions with patients

Case Scenario

- Fred is a 29 y.o. multiracial man who has grown up in North Dakota
- He was raised in town with his mom, who is an enrolled First Nation tribal member
- Fred is also enrolled and a US citizen
- His family was poor & his dad was a heavy drinker, violent & spent time in & out of prison
- Fred works for the post office
- He arrives for an appointment asking for a HIV test
- Fred has had a couple drinks at lunch and is a loud talker in the waiting room

History of Trauma Impacts Patient Care

- Trauma is common
- Between 55 and 90% of us have experienced at least one traumatic event, & on average nearly five traumatic events during our lifetime
- Impact of trauma is very broad & can impact a person across many parts of life: medical, mental health, family, job
- The impact of trauma is often deep & life-shaping
- Trauma can be fundamentally life-altering, especially for those individuals who have faced repeated & prolonged abuse
- Physical, sexual, and emotional violence become central realities, & people adapt around them
- People use substances to self-medicate & attempt to cope

Patient's trauma experiences impact their clinic interactions

- Trauma affects the way people approach potentially helpful relationships
- Not surprisingly, individuals with histories of abuse are often reluctant to fully engage in clinic services
- Trauma can result in a wide range of responses including intense feelings of fear, loss of trust in others, decreased sense of personal safety, guilt, & shame

How Does Trauma Negatively Impact Health?

- Trauma has been linked to many negative health outcomes, such as smoking, substance use and unprotected sex
- Research suggests that most patients with a trauma history do not object to being asked about their trauma history in a primary care setting BUT will *not* typically disclose unless asked in a safe, supportive manner

Trauma and Primary Care

- Patients with a trauma history often present with/are perceived as:
 - Irritable or hostile
 - Frequently miss appointments
 - Likely to present as a walk in, or in a crisis
 - Reluctant to admit to/discuss health problems OR present with many needs/demand care
 - Confusion/poor memory
 - Poor self-care
 - Pain issues (problems with pain perception, tolerance or chronic pain)

Problem Behaviors

- It is important to understand that “problem behaviors” may actually be manifestations or symptoms of trauma, or prior non-functional coping skills that served them (patients) when surviving their trauma

Your patient's culture

- Differences in culture can also affect patient care:
- **Differing patient perceptions & values of health & illness**
- **Difficulty for provider of acquiring & incorporating cultural knowledge into health care**
- **Adapting to diversity & the cultural contexts of our patients**

- Working with our Patients



Key Assumption of a Patient Centered Approach

- We help patients best by collaborating with them: Patients are partners in their care rather than recipients of their care
- “Resistance” to treatment is not a useful concept: It implies the patient doesn’t want to change (as opposed to being *ambivalent* about change)
- People may commit to what they want or argue for, & then may become less likely to change



Green, Saunders, Power, Dass-Brailsford, Schelbert, Giller, Wissow, Mendoza, & Mete (2016)



Resist the Righting Reflex

- Health providers have a powerful desire to “**make things right**”--- to fix things
- This can be a problem-----patients have a tendency to resist persuasion, especially when they are ambivalent
- **Resist the righting reflex** by recognizing it's the patient's role to argue & provide reasons for change while it's the health provider's role to guide patients through ambivalence & understand their motivations

Common Non-effective Ways of Dealing with Patients

- Provide them insight—if you can just make the patient see, they will change
- Provide them knowledge—if you can give them enough information, they will change
- Give them plenty of skills---than they will commit to treatment
- Be hard on them---if you can just make patients feel bad enough or worried, then they will change

Encouraging Positive Actions

- Use of empathy, not power & authority, can help the patient collaborate, listen & ask pertinent questions
- By supporting patient self-efficacy, they can work to define the goals of their treatment

Key Components for Providers

- Courage
- Positive expectations
- Resilience, resources

“Trust can be developed when you collaborate with patient’s aspirations, perceptions, & strengths, & when you firmly believe in them”

Awareness, Patience & Courage

- For some patients, trauma, abuse, illness & struggle may be a past & present experience
- A strength based, positive approach to patient care recognizes that illness can elevate fear & trigger “old” traumas
- Old styles of coping (substance use) may be activated

Understanding & Change can happen

- Encourage the patient to talk about their experiences & coping styles
- Small discussions (changes) can snowball into understanding & trust
- Patients do have the strengths & resources to change

Talking with Empathy

- Focus on what is working rather than what is wrong
- Convey optimism about patient's ability to cope with life's challenges
- Express confidence
- Use empathy, not authority, to work with your patient

Approach Patients with an Open Mind

- Adjust your hypotheses rather than only gathering facts
- Approach patients with a curious, open, & inquisitive mind

Summarize

- Periodically summarize—distill the essence of what a patient has expressed, then communicate it back
- Summarizing reinforces that you have listened carefully & can prepare the patient to move on

- Screening for Substance Use & Trauma

Substance use

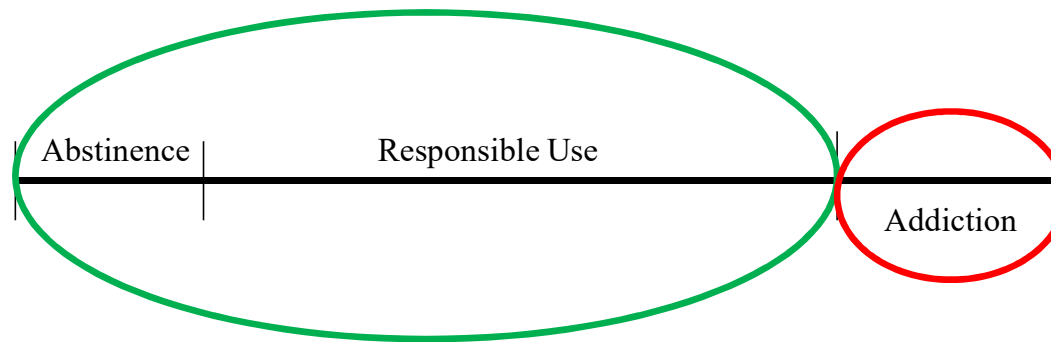
- Is here to stay
 - Is not the patient
 - Exists in a social context
 - Is complex
 - Is perceived by the patient as having pros and cons
-
- So how do we help our patients?



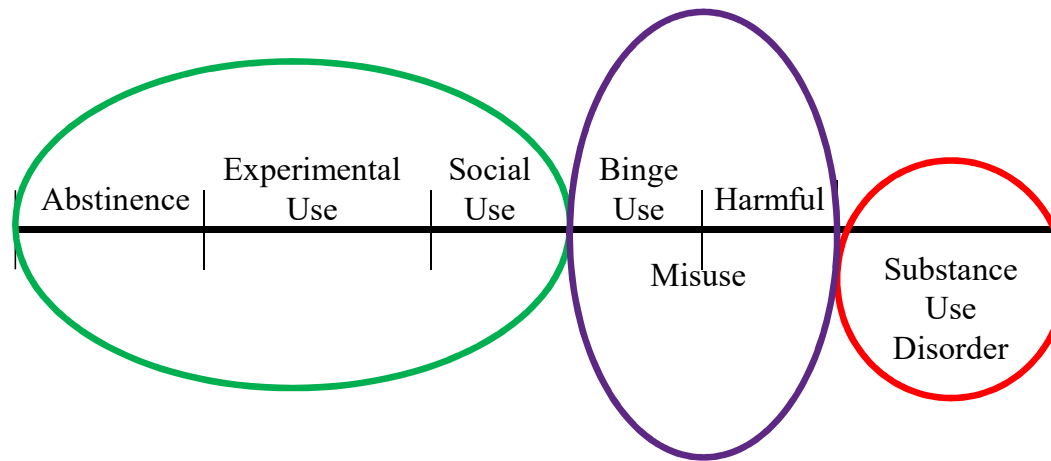
Screening for Substance Use

“SBIRT is a public health approach to the screening & delivery of early intervention as well as a means of referral to treatment services for people with substance use disorders & those at risk of developing these disorders”

The Current Model → A Continuum of Substance Use



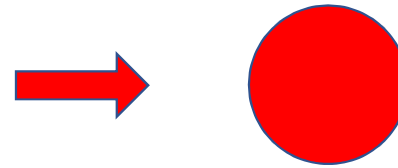
The SBIRT Model → A Continuum of Substance Use



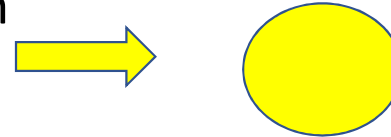
SBIRT Model

- Provides full continuum of Interventions for behaviors and problems

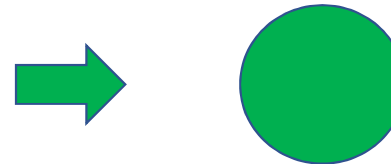
Substance Use Disorder- Brief
Intervention and
Referral for additional Services



Periodic Excessive Use -Brief Intervention
or
Brief Treatment



No problems (Screening-feedback),
Primary Prevention



What is SBIRT?

Screening

- Quickly assess the severity of substance use and identify individuals who are at risks for substance related consequences.

Brief Intervention

- An Awareness-raising intervention. Person centered, collaborative conversation aimed at strengthening a persons motivation and commitment to change

Referral to Treatment

- Provide those identified as needing more extensive treatment with access to specialty care.

Substance Use Screening Tools

- **Screening tools**

- AUDIT (Alcohol use disorders identification test)
- CAGE (Cut down, Annoyed, Guilty, Eye opener) Questionnaire:

Have you ever felt you should **C**ut down on your drinking?

Have people **A**nnoyed you by criticizing your drinking?

Have you ever felt bad or **G**uilty about your drinking?

Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye opener)?

A Screening for Trauma

- One of a few validated screening instruments:
- **The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)---2015**

Sample item:

“Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:”

- Know your referral agencies & sites, addresses, phone numbers

Our Patients

- Every Person is:
- Like All Other People (Universal)
 - Biological, Common Experience
- Like Some Other People (Group/Cultural)
 - Culture, ethnicity, race, gender, social class
 - Belonging to a group
- Like No Other Person (Individual)
 - Individuals are unique
 - Do not stereotype, differences within group

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Questions